SECTION I.

OFFICE OF MEDICAL SERVICES DENTAL EXAMINATION

NAME & IDENTIFYING DATA:	C. CHART – USE ONLY FOR TREATMENT TO BE ACCOMPLISHED
X-RAYS 8/1/36 STATE PANOREX	WWW A A A A A A A A A A A A A A A A A A
A. PATHOLOGY NOTED 1. Inadequate Oral Hygiene a. Generalized b. Interproximal only 2. Caries 3. Periodontal Disease Local Moderate Mobile Teeth General Severe	\frac{1}{2} \frac{2}{32} \frac{3}{31} \frac{4}{30} \frac{5}{29} \frac{6}{28} \frac{7}{26} \frac{8}{25} \frac{9}{24} \frac{10}{21} \frac{11}{21} \frac{11}{21}
4. Inadequate Prosthodontics Fixed	mmmaaaaa
5. Missing Teeth Needing Replacement:	D. ADDITIONAL COMMENTS AND RECOMMENDATIONS
6. Impacted Teeth B. RECOMMENDATIONS 1. Removable Dentures FULL PARTIAL	Use this space for additional clarification of recommended treatment or for describing other oral pathology or treatment which does not lend itself to charting. Indicate nature of treatment and teeth or other tissues involved.
U L U L 2. Abnormalities of Occlusion (See Comments) →	
3. Prophylaxis	
4. Home Care Instruction	
5. Restorations	
6. Fixed Prosthesis	
7. Removable Prosthesis	
8. Exodontia	
9. Biopsy	
10. Impacted Teeth (periodic check)	
E. Office of Medical Services Department of State Washington, D.C. 20520 F/DATE 124/3	G. Screening Pentisty
INSTRUCTIONS FOR PRIVATE DENTISTS	

After completion of treatment, please comment on the reverse side as to any further diagnosis and all treatment provided to the patient. Please note that all fees for dental treatment are the personal responsibility of the patient. The Department of State provides a dental screening only and is in no way involved in covering the cost of treatment, additional X-Rays, or further examination by private dentists.

U.S. DENTISTS: Forward the dental chart and X-Ray in the envelope provided to the Office of Medical Services, Department of State.

OVERSEAS DENTISTS: Present the chart and X-Ray to the patient. The patient will arrange to forward to the Office of Medical Services, Department of State.